

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000157

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 14Primary Registration District No. 4029Registrar's No. 4

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Bartonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MindenminesLength of stay in 1b
3 Monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Main Street ResidenceInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bartonc. CITY
OR TOWNMindenminesInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Main StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MAUDETYLER4. DATE
OF DEATH

Month

Day

Year

January17,1963

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-23-1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaking

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Saline Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Tyler

13b. MOTHER'S MAIDEN NAME

Lucinda Stevens

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)NoNone

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dolly Tyler Mindenmines, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosisINTERVAL BETWEEN
ONSET AND DEATHUnknownConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arterio-sclerosisUnknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 24, 1962 to Jan. 17, 1963 and last saw her alive on Jan. 15, 1963
Death occurred at 10:45 PM, Jan. 17, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. L. Hinchey M.D.

22b. ADDRESS

Pittsburg, Kansas

22c. DATE SIGNED

1-29-6323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

1-20-1963

23c. NAME OF CEMETERY OR CREMATORY.

Lake Cemetery

23d. LOCATION (City, town, or county)

Lamar, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Bruce-Konantz Funeral Home Lamar, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 8, 1963

26. REGISTRAR'S SIGNATURE

Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59206020603456789332X10111213

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arthur Bruce*

Licensed Embalmer No. 4723

P. O. Address *Lincoln, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.